ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO. : FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
ATTORNET FOR (Name).	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME :	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
DEFENDANT/RESPONDENT.	
	CASE NUMBER:
FACSIMILE TRANSMISSION COVER SHEET	
TO THE COURT	<u> </u>
TO THE COURT:	
Please file the following transmitted documents in the order listed below:	
<u>Document name</u>	No. of pages
2. Processing instructions consisting of: pages are also transmitted.	
2. Processing instructions consisting of: pages are also transmitted.	
3. Fee required Filing fee Fax fee (rule 2006(g))	
a. Credit card payment I authorize the above fees and any amount impose	d by the card issuer or draft purchaser to
be charged to the following account:	a by the cara locator of themps of the
VISA MASTERCARD Account No.:	Expiration date:
	1
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(TYPE OR PRINT NAME OF CARDHOLDER)	(SIGNATURE OF CARDHOLDER)
b. Attorney account (rule 2006(f)). Please charge my account no.:	